



Today's Date: _____

Holbrook Counseling
Client Information
(Each client should fill one out)

Your Name(s): _____ Address: _____

Date of Birth: _____

Preferred Primary Language English Spanish Other: _____

Personal Contact: Is it okay to contact you:

At Home: Yes No Phone Number: _____

Leave message? Yes No

At Work: Yes No Phone Number: _____

Leave message? Yes No

Via Cell: Yes No Phone Number: _____

Leave message? Yes No

By Mail: Yes No Phone Number: _____

Leave message? Yes No

Emergency Contact: who to call in case of emergency:

Name	Relationship	Phone Number

To better help you reach your goals, please answer the following questions:

1) What is going on in your life currently that you have decided to seek counseling?

2) What goal(s) do you hope to achieve in counseling?

3) Have you ever had counseling before?

a. If so, what was helpful about it?

4) Was there anything about it that was not helpful?

5) What are your strengths:

Medical:

6) Are you currently under the care of a physician?

a. If yes, list reason and any medications you may be taking.

7) Are you currently under the care of a psychiatrist?

a) If yes, please list diagnosis and any medications you may be taking:

Substance Use:

8) Do you drink alcohol? If yes, how much & how often?

9) Do you use any illegal drugs? If yes, what and how often?

10) History of trauma: Personal or Family (incl. physical/sexual abuse, family/other violence, etc):

11) Is there anything else we should know about to help you (that hasn't already been asked?)

Thank you for your time!